NOVA SCOTIA COMMISSION ON DRUG DEPENDENCY

Annual Report for the year ending Dec. 31, 1983

The Honourable Gerald Sheehy
Minister in Charge of the Administration
of the Drug Dependency Act
Province of Nova Scotia

As Chairman of the Nova Scotia Commission on Drug Dependency I am pleased to present the Commission's Annual Report for the calendar year 1983. Once again, during the past year Commission activities have been maintained at a high level of participation, both in a clinical sense as well as the community level. During the year the Commission implemented its pilot project in community education outreach. This program, which places emphasis on a comprehensive community approach, provides a three-way outreach. Senior high school students are taught to deliver drug education programs to younger students. Parents are involved in a similar series of workshops and they, too, may continue their participation as co-teachers for other parent groups.

The third phase of the program offers the school the opportunity to refer students, who may require help, to a community worker selected for his or her ability to work with younger persons. There is a great deal of excitement around Commission offices these days because schools all over the province are requesting Commission assistance to help set up similar programs in their community. The program has further been enhanced with the receipt of a $20,000 grant from Health and Welfare Canada, Health Promotion Directorate, to prepare and publish three text books dealing with peer group education. These texts will be ready for distribution in mid-1984.

Another exciting activity during 1983 saw Commission personnel and board and committee volunteers preparing for the Canadian Addictions Foundation Regional Conference - CAF Atlantic '84. The Conference, to be held in Halifax April 29 — May 3, 1984 will be hosted by the Nova Scotia Commission on Drug Dependency. Premier John M. Buchanan has agreed to address the Conference participants.

During 1983 the Commission exerted much energy in attempting to obtain approval for resources to extend services to the Eastern Shore. We were most fortunate in having the support of the Honourable Thomas McInnis, Minister of Municipal Affairs and the sitting member for the Eastern Shore.

The Commission was finally given the approval to go ahead with program development. In early 1984, outpatient services combined with detox beds will become part of the community health services in Musquodoboit Harbour and Sheet Harbour.

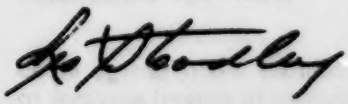
Once again we want to express our sincere appreciation to the Honourable Thomas McInnis for his support and efforts on our behalf. Thanks must also go to Premier John M. Buchanan for his sensitivity and his positive response to the community's request for help. As always, we are continually grateful to our own Minister, the Honourable Gerald Sheehy, for his solid support and commitment to our work.

As in past years, Commission volunteers around the province participated in Drug Awareness Week 1983. Newspaper stories, mall displays, radio and television spots, and personal appearances all added to the excellent public information program which Drug Awareness Week has become. It is to these many hundreds of volunteers that the Commission looks for continuing direction and community evaluation of its services. They play a very important role in our program development and they represent a major force for community education. Our most sincere thanks must go to these very committed persons.

To our Executive Director and also to his staff, I direct the thanks of the Commission. They work as a team giving skill and time far beyond their job outlines. Many are also volunteers in other community organizations. We want them and our volunteers to know how much we appreciate their efforts.

Finally, I must express our thanks to the government for its continued support and, even more, for its willingness to listen. To you, Mr. Minister, a very special "thank you" for your commitment to our goals and objectives, and for your representation of our needs before the government.

Respectfully submitted,



Les Stoodley
Chairman

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COMMISSION, REGIONAL BOARDS, STAFF, AND LOCAL COMMITTEES

Nova Scotia Commission on Drug Dependency

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Halifax

Jean Gray, M.D., F.R.C.T.(C) — Vice-Chairperson
Halifax

Edwin G. Belzer, Ph.D.
Halifax

Fr. Vern Boutillier, A.C.S.W.
Sydney

Fr. John Graham, B.A.
Reserve Mines

F. James MacLeod, B.Sc. (Pharm.)
Yarmouth

Jack Phinney
Middleton

Hector Porter, B.A., LL.B.
Halifax

Kenneth C. Smith, M.Sc.
Truro

Orest Ulan, B.A.
Halifax

David Waterbury, Q.C.
Kentville

Harris E. Naugler
Dartmouth

Nova Scotia Commission on Drug Dependency Staff

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Executive Director

Carol Ann Amaratunga, Ph.D.
Co-ordinator, Prevention and Community Education

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Co-ordinator, Industrial Programs

Brigitte Neumann, M.A.
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Gregory Johnstone, M.Sc.
Supervisor, Pharmacology Programs

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Supervisor, Training Programs

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Public Information Officer

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Co-ordinator, School Services

Gerri Penny, M.Ed.
Representative, School Services

Patricia MacNeil Maxwell, B.A.
Librarian

Zane O'Brien
Manager, Administrative Services

Cape Breton Regional Advisory Board

Fr. John Graham, B.A. — Chairperson
Reserve Mines

Albert Prossin, M.A., M.D., C.M., C.C.F.D. — Vice-Chairperson
Sydney

Sr. John Bosco, B.Sc., Ph.D.
Glace Bay

Fr. John Webb, M.S.W.
Sydney

Jack Hicks, B.A., B.D.
St. Peters

Rev. Duncan E. Roach
New Waterford

Fr. Hugh D. MacDonald, B.A.
Arichat

Kenneth Murray, M.D.
Neil's Harbour

Wilfred Prosper
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Joan Elman, R.N.
Sydney

Napoleon Chaisson, B.A., B.Ed.
Cheticamp

Hugh MacDonald
Inverness

Mary MacIsaac, R.N.
North Sydney

Kathleen MacLeod
South Haven

Rev. Melvin Findlay
Sydney

Shelley Brown
Glace Bay

Herbert Stevens
Glace Bay

Lee M. Fuller
Orangedale

William Mullins
Sydney

Martin Brennan, M.D.
Glace Bay

Cape Breton Regional Staff

Wayne M. Yorke, M.A., C.A.G.S.
Regional Co-ordinator

Claire Nyiti, M.S.W.
Manager, Treatment Services

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Field Representative, Industrial Program

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Field Representative, Human Resources

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Research Assistant

Jack Coffey, C.I.M., B.B.A.
Office Manager

North Shore Regional Advisory Board

Kenneth C. Smith, M.Sc. — Chairperson
Truro

Nellie Crowe, R.N. — Vice-Chairperson
Truro

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Stellarton

Robert Cooper, M.D.
Pictou

Ronald Fraser, M.A.
Antigonish

James Wm. Gilbert
Springhill

Rev. Kyte Gillis, B.A., B.Ed., S.Th.B.
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David E. Mason
Truro

Stillman S. Smith, B.Sc., B.Ed.
Antigonish

Muriel Sutherland
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Regional Co-ordinator

Robert MacDonald, M.S.W.
Manager, Treatment Services

Kevin MacPherson, M.A., B.S.Th.
Field Representative

David J. Macdonald, B.A.
Research Assistant

Gordon Thompson
Accountant/Office Manager

Betty Wilsack, R.N.
Head Nurse

Metropolitan/Lunenburg Regional Advisory Board

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Halifax

James J. Magee — Vice-Chairperson
Halifax

Neville Robinson, M.D. — Chairperson — Treatment Standards Committee
Dartmouth

Sam Waye — Chairperson — Education Committee
Head of Jeddore

Linda Simmonds, B.A., B.S.W.
Waverley

William G. Middleton, M.S.W.
Bridgewater

Alf Nielsen
Head of Chezzetcook

Robie Chipman
Bridgewater

Cyril Sampson
Halifax

Barbara Prime Walker
Halifax

Hope Beanlands, R.N., B.N.
Halifax

Rev. Rod MacAulay
Halifax

Heather Weld, B.Ed.
Halifax

Sarah Neish
Dartmouth

Martin Cummings
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Metropolitan/Lunenburg Regional Staff

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Regional Co-ordinator

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Manager, Treatment Services

Lloyd Stone
Outpatient Department

Samuel Rendell
Field Representative

Kathy Philip
Head Nurse

Leone Thrasher
28-Day Program

Heather Farwell
5-Day Program

Chris Cassell
Accountant/Office Manager

Valley Regional Advisory Board

Jack Phinney Nictaux West	Chairperson
David Johnson Port Williams	
James Rafferty, M.D. New Minas	
Norah Woodworth Kings County	
Rev. Neil G. Price Wolfville	

Valley Health Services Association
The Alcoholism Program Advisory Council

Edna Moran New Minas	Chairperson
Lloyd Murray Centreville	Vice-Chairperson
Paul Fraser New Minas	
Jack Phinney Nictaux West	
Rev. Harold Cox Middleton	
Gaston d'Entremont Centreville	
George Kenny, M.D. Windsor	
Peter Mosher Kentville	
John Thompson Middleton	
David Waterbury Kentville	
Cyril White Kentville	
Rev. Neil G. Price Wolfville	
Lydia Sorflaten Annapolis County	

Bob Taylor
Canning

Bernard Campbell
Upper Rawdon

J. L. Rafferty, M.D.
Kentville

Valley Health Services Association Staff

Gaston d'Entremont
Regional Co-ordinator

Gayle Wilson, R.N.
Unit Co-ordinator

David MacDonald
Crosbie House Counsellor

George Libby
Crosbie House Counsellor

Ann Lewis
Co-ordinator of Education and Prevention

Brian Hernon
Field Representative

Evelyn Deneau
Family Therapist

Iva Gale
Community Health Worker (Middleton)

Reg Brown
Community Health Worker (Windsor)

Western Regional Advisory Board

F. James MacLeod, B.Sc. (Pharm.) — Chairperson
Yarmouth

Sandra Noah, R.N. — Vice-Chairperson
Salmon River

J. Gerard MacEachern, B. Comm.
Yarmouth

Roland Muise, M.D.
Yarmouth

Alexander E. McCabe
Shelburne

Rev. Leger Comeau, B.A., L.Th., L.Ph.
Church Point

Father Leo Maillet, B.A.
Wedgeport

Rev. George Bell, B.Th., C.D.
Smith's Cove

Annie Hagen
Hunt's Point

Mrs. Georgina McLaughlin
Yarmouth

Francis Babin
Liverpool

Rev. Robert Johnson
Liverpool

Victor LeBlanc
Clare

Western Regional Staff

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Regional Co-ordinator

Daniel Meunier, B.A., S.T.M.
Field Representative

Louis Comeau, B.A.
Research Assistant

Suzanne Surette, B.S.W.
Clinical Therapist

Mario Villarroel, M.A.
Clinical Therapist

Local Committees

Local Committees function as groups in association with regional boards, and thus with the Commission, in delivering education and prevention programs at local levels.

They represent towns, villages and areas within regions. In effect, they are the very foundation upon which the Commission's regional program development is based. Local Committees identify community needs and advocate programs to meet such needs. These committees receive ongoing funding from regional boards for local education and prevention programs. Each has on hand literature and information for distribution within its area. Some 400-500 citizens are now members of local committees and give thousands of hours of volunteer time to the provincial program on drug dependency.

Local committees are found in the following locations:

CAPE BRETON REGION

Baddeck
Cheticamp
Glace Bay
Inverness
Isle Madame-Louisdale
Louisbourg
New Waterford
North of Smokey
North Sydney
Port Hawkesbury
St. Peters
Sydney
Sydney Mines

NORTH SHORE REGION

Amherst
Antigonish
Canso
Guysborough
Pictou
Sherbrooke
Springhill
Stewiacke/Shubenacadie
Truro
Westville

METROPOLITAN/LUNENBURG REGION

Bridgewater
Eastern Shore
East Hants

WESTERN REGION

Clare
Digby
Queens
Shelburne
Yarmouth
Argyle
Barrington

AN OVERVIEW OF 1983

Message from the Executive Director

During 1983, the Nova Scotia Commission on Drug Dependency continued to deliver services to an ever-increasing clientele. Even with limited resources, efforts were made to reach out to assist those requiring help.

In 1983 the Research Division of the Commission implemented and completed the School Survey. The results of this study indicated that there was a somewhat significant drop in the use of various chemical substances by young people in the Grade 7-12 range in the Halifax area, but that long-range problems were very much in evidence. One cannot assume that the reduction in use of various substances was the beginning of a trend unless this continues for the next two to three years. Such observations will have to wait for the results of additional studies. One might also suggest that the "reduction" was due to the poor economy. It is noted that LSD sells in different parts of the province for much less than it had ten years ago. Purveyors of such substances have cut the strength and reduced the cost, evidently realizing that the economy does not allow for the expenditure of funds that it once did.

The Commission continues to meet with staff of the Department of Transportation in an effort to co-ordinate referrals of those convicted of impairment, or of refusal to take the breathalyzer, etc. In the Family Court Pilot program originally begun a year ago in the Metropolitan area, evaluation has led to an expansion to the Cape Breton Region on a continuing pilot basis.

Drug Awareness Week was once again a very major program in the province, with many hundreds of people participating as volunteers. Even more people became a part of this event through their interest in the displays and special programs organized throughout the regions. As in the past, Nova Scotia was joined by Prince Edward Island, Newfoundland and New Brunswick in presenting Drug Awareness Week in Atlantic Canada. A special historical text is being prepared with a view to sharing it with the rest of the country, in the hope that all of Canada would participate in Drug Awareness Week by the year 1985.

In 1983, the Commission on Drug Dependency began preparations for the presentation and hosting of a major conference on addictions, called CAF Atlantic '84, which will take place in April/May 1984.

Once again in 1983 Commission offices received numerous requests for speakers. Letters were also received from all over the world requesting Commission documents and Commission information on the specific approaches and techniques utilized by the Nova Scotia program, which might be made part of other groups' approaches to drug dependency services.

From a fiscal standpoint, the Commission did well in maintaining its budget line and, as usual, in not overspending. Staff members are to be congratulated for their restraint and for the cooperation provided in order to maintain the budget at the level approved. At the same time they delivered outreach services with increased vigor and enthusiasm.

Marvin M. Burke, R.S.W.
Executive Director

Industrial Division

Municipality of the County of Kings

The Municipality of the County of Kings introduced an Employee Assistance Program in 1983 for their employees. The same format that was developed with them will be used in assisting other municipal units in Nova Scotia. The Municipality of Kings was most supportive in the early stages of the policy development. They have agreed to share their program with other municipal units throughout Nova Scotia. In the months ahead this will be done; already a municipal unit located in the South Shore Region has indicated a strong interest in a similar program for their employees.

Bowater Mersey Paper Company Limited

The Bowater Mersey Paper Company Limited in Liverpool finalized their Employee Assistance Program in 1983. Many meetings were held prior to this with their labour management advisory committee. In the spring of 1983 senior management, foremen and union awareness programs were held. In conjunction with the awareness programs that were given for these key people at the plant, there was also a dinner meeting with the physicians in the Liverpool area. Nine of the community doctors were in attendance for this very important meeting. This involvement of the local physicians added a very significant feature to the introduction of the Bowater Employee Assistance Program.

Outpatient Department

The Clinical Therapist of the Queens County Referral Centre, an outpatient service operated by the Nova Scotia Commission on Drug Dependency, was very involved in these awareness programs. They were conducted by the Co-ordinator of the Industrial Division of the Commission in conjunction with the Director of Medical Services at the Bowater Mersey Plant. At the time of these training programs the participants were fully informed of the rehabilitation services of the outpatient clinic in Liverpool and Bridgewater. The association with the detoxification program of the Western Regional Drug Dependency Program in Yarmouth and the Metropolitan/Lunenburg Drug Dependency Program in Dartmouth was fully explained. The great importance of

the utilization of these services was stressed over and over again during the awareness programs.

N.S. Employee Assistance Programs Association

The Nova Scotia Employee Assistance Programs Association continues to be a very viable group. The Co-ordinator and the Secretary of the Industrial Division of the Nova Scotia Commission on Drug Dependency continue to play a prominent role in the functioning of the organization. Membership continues to grow and this year a brochure was developed, with a new logo incorporating the helping objectives of the group. Four excellent programs were held at the Nova Scotia Teachers Union offices in Halifax with an average attendance of 50. Programs included such topics as:

- Drugs Other Than Alcohol That Affect an Employee's Performance;
- A National Perspective on Employee Assistance Programs in Canada;
- A Film Festival;
- Alcohol and Drug-Related Incidents and Their Significance on Arbitration Decisions.

The members of the Nova Scotia Employee Assistance Programs Association are most grateful to the officials of the Nova Scotia Teachers Union in allowing the Association to use their excellent meeting facilities. This gesture has given a greater permanence to the fledgling organization and has assured its continuing development.

Canadian Labour Congress

The Co-ordinator of the Industrial Division, after serving for three years on a national task force that was formed by the Canadian Labour Congress, completed his role with that group. The committee was disbanded, its task having been completed. The purpose of this committee was to provide a forum for input on the direction that Employee Assistance Programs were taking across Canada.

Humber College

Another national group with which the Industrial Division was involved was the Professional and Management Development Division of Humber College, Toronto, Ontario. Humber is the sponsor of the Biennial Canadian Conference on Employee Assistance Programs in Canada. The Nova Scotia Commission on Drug Dependency once again was represented on the Program Planning Committee of this very important conference. Over 400 delegates attended from across Canada. Nova Scotia had a representation of 35 delegates, all of whom were members of the Nova Scotia Employee Assistance Programs Association.

Atlantic Region Seminars

Provincially, the Industrial Division provides training seminars throughout the year for the Atlantic Region Management Training Centre and for the Atlantic Foundation for Occupational and Environmental Health. As a result of this participation with these two groups, new Employee Assistance Programs continue to be initiated at many work sites throughout Nova Scotia.

Documentation, Evaluation and Research Division

The completion of programming for reports from the Service Delivery Information System was a major effort in 1983. Staff shortages, due to the 1982 cutbacks, continue to delay the production of SDIS reports on a timely basis, since necessary edit and error correction tasks are delayed in Metropolitan/Lunenburg Region.

The report of a school survey of Halifax junior high and high school students was released in November, 1983. While prevalence of drug use in the six-month period prior to this study has generally stabilized or even declined, the report demonstrated that alcohol-related problems are very common, particularly among older students.

A statistical summary on impaired driving was produced in 1983. The statistics clearly reflect the fact that there are serious problems in co-ordinating the response to the impaired driving problem.

A major evaluation project was launched for the Community Outreach Program of the School and Youth Service Division. The initial project will evaluate the effects of peer education, both on Grade 7 students who receive the program, and on the peer educators who deliver it. Data will be collected in 1984.

Within the Western Region, a treatment outcome monitoring study was planned, with 1984 being the intake period and follow-up occurring at 6, 12, and 24 months. As well, treatment outcome data collected in Metropolitan/Lunenburg Region will be analyzed in 1984-85.

Prevention and Community Education Division

Prevention and Community Education activities are diverse. They include school services, training, audio-visual services, library and community development programming. This latter aspect provides for a province-wide base of community support for Commission philosophy and program direction. Even more important, it offers a vehicle for community education delivered at the local level and made credible and significant by local citizen leadership and involvement. It is this approach which in the long run will allow for new values and attitudes to develop and new skills to be learned.

The Commission is blessed with many citizen groups working side by side with Commission professional personnel. Education programs are greatly enhanced by such involvement. This is very much emphasized in the Commission's Community Education Outreach Programs (see School Services report) and will no doubt count heavily in any awareness which may be created in the future.

Training and Staff Development

In 1983, staff and community groups participated in several skill development and information workshops:

Managing the Intoxicated Passenger. A training workshop for CN Marine bartenders, waiters and stewards.

Clinical Therapist Education Program. A program in which Clinical Therapists participate in the selection, planning and delivery of their training events.

LIADAP Training Program. A program of basic training for staff of the Labrador Inuit Alcohol and Drug Abuse Program.

Pre-retirement Seminar. A special program for staff who are recovered alcoholics approaching retirement age. The emphasis in this program was on maintaining sobriety after retirement.

Addictions Core Knowledge. A series of five sessions with Commission Board Members. A four-day workshop with Metro Drug Dependency Program Staff.

Addictions Counselling Training. The Training Division participated in the federal/provincial project to develop a basic counselling course for addictions workers.

- Peer Drug Education Training
- Community Outreach Team Training
- Two joint training programs between School Services and Training and Development.

School Services

The school division continues to develop and deliver prevention programming to youth of the province. The delivery of inservice programs to teachers was central to the encouragement of teachers to deliver drug education programs to youth. Inservice programs are structured to meet the needs of those teaching Primary to Grade 12, as well as special groups of teachers of Guidance and Home Economics and so on. In addition to classroom presentations, many teachers communicate drug-related information to individual students.

The committee of representatives from the Department of Education and the Commission was expanded to include the departments of the Attorney General and Social Services. This allows for communication and cooperation concerning the departmental and interdepartmental program development to

meet more efficiently the needs of the youth of the province relative to drug issues.

The Community Outreach Program has developed to the full extent of the original concept. Peer education has been implemented into the target area of Halifax West High School. During the spring of 1983, senior high school students were trained and delivered programs to all Grade 9 classes of junior high schools in the feeder system. Parent education courses were delivered through the Grosvenor-Wentworth and Rockingham parent teacher associations as well as the Halifax West Community School Network. In each case parents volunteered to team-teach along with staff. The referral system for students harmfully involved with drugs was established during the final third of the 1981-82 school year. Students were referred to the community health worker of the Metropolitan/Lunenburg Region, who is assigned to the school for one day per week.

September 1983 saw the introduction of the second Community Outreach Project utilizing school and Commission staff and resources. The Halifax County-Bedford District School Board requested and received Commission support to develop a similar three-phase program to the Cole Harbour sub-system utilizing a school staff member as the field personnel.

A unique program called Community Outreach Team Training was introduced to the Cole Harbour High School and to Halifax West High School in October. Staff were invited to participate in a 36-hour training program. Twenty-two staff volunteered and gave a two-year commitment to develop programs for their needs. The volunteers invested their time while the Commission conducted the training. The schools have initiated a range of awareness activities for students as well as for other staff members. Through the Nova Scotia Teachers College, the teachers could receive a university credit for the course.

The peer education program was conducted through all high schools of Kings County, Halifax West High School, St. Michael's High School and Memorial High School. To aid the development of the concept a grant was received from Health Promotions Directorate to develop and publish the various support materials which are utilized in the delivery process. "Choosing About Using" will be published during the first quarter of 1984.

Special Services

The Special Services branch of Prevention and Community Education provides a continuing flow of audio-visual support materials for presentations by Commission staff. This service includes the design and preparation of overhead transparencies, slide programs, videotape productions, technical equipment, educational and public drug information display booths, brochures, posters, literature and media coverage for the Commission on Drug Dependency.

During the past year some 20 exhibit-displays were prepared as drug information booths for university residences, schools, shopping malls and community public information programs.

A series of five television programs were produced at the North Shore Regional Office in Pictou, dealing with Drugs in General, Classification of Drugs, Attitudes, Process of Addiction, Intervention Strategies and Treatment.

Special Services was heavily involved with the production of promotional material and planning for the upcoming Canadian Addictions Foundation, Atlantic '84 Conference.

Many promotional aids were prepared for the media, and for press coverage during the Commission's Drug Awareness Week Campaign. This included the preparation of a twelve-page tabloid based on this year's theme, "Drugs In The Family", and designs for a poster entitled, "There's Something Wrong In Our House! Maybe Our Parents Drink Too Much!"

Library Services

The N.S.C.D.D. Library serves both Commission staff and the general public; walk-in visitors as well as requests by mail or phone.

Library services and collections include:

- Circulation of monographs
- Pamphlet distribution
- Vertical file system of alcohol and drug information

- News clippings on alcohol and drugs
- Journals and newsletter collections
- Inter-library loans
- Acquisitions Lists
- Audio-visual aids distribution
- Photocopying of non-circulating materials

Distribution of pamphlets and audio-visual aids are the most frequently requested services. From January 1983 to December 1983, approximately 80,000 pamphlets were distributed to regional offices and the general public; films and tapes were loaned a total of 587 times.

Treatment & Rehabilitation Division

During 1983, a special committee of treatment and rehabilitation specialists, including the Regional Co-ordinators, the Managers of Treatment Services, the Commission Pharmacologist and the Executive Director continued their meetings. These had begun in mid-1982 in order to complete a Treatment and Rehabilitation Manual for the Commission. The purpose of having a manual available was to do the following:

1. To outline the Commission treatment philosophy, both in terms of content and delivery.
2. To clearly describe Commission goals and objectives in treatment and rehabilitation.
3. To provide protocols for specific modalities within treatment and rehabilitation, e.g., Treatment Standards Protocol for the Withdrawal of Alcohol, Guidelines for Withdrawal from Benzodiazepine Use, etc.
4. To publicly state that the Treatment Standards and objectives of the Nova Scotia Commission on Drug Dependency were applicable to all parts of the province and available to all citizens of the province.

5. To stand as a document which would allow evaluation and which would act as a baseline from which ongoing reviews and modifications might be made.

The completion of the Treatment and Rehabilitation Manual was a major task and it is shortly to be published by the Commission. It will, no doubt, stand as a document which can be used not only by treatment centres in Nova Scotia but elsewhere in Canada, and in other countries.

The Treatment and Rehabilitation Committee, structured to deal with the Treatment and Rehabilitation Manual, began in 1983 to look at other "treatment problems" which confront not only our Commission, but Commissions throughout the United States, Canada and elsewhere in the world. That is, the problem of treatment of persons presenting with the dual diagnosis of addiction and a psychiatric disorder.

One key to dealing with this is the methods used to present a diagnosis or assessment. Steps are now being taken to present to the mental health and drug dependency communities an opportunity to participate in a series of meetings and/or workshops which would allow for the sharing of information and for cooperative planning towards more effective involvement of both areas of service.

Pharmacology Services

New Treatment Protocol

1983 marked the official endorsement of the document known as the "Treatment Standards and Routine Standing Orders". This document contains the revised protocol for withdrawing patients from alcohol; general standards of care for all patients; and a new section dealing with the management of withdrawal from benzodiazepine tranquillizers (e.g. Valium, Librium, etc.). The Commission Pharmacologist co-ordinated this project over the last year and a half, involving a large number of Commission Staff and outside advisors, as well as investigating the current literature and other approaches to drug withdrawal.

The development of a formal protocol for the management of withdrawal from benzodiazepine tranquillizers was welcomed

by many. The contents of this protocol were condensed and published in two professional scientific journals in Canada. The approach developed in this document and used in Nova Scotia may well influence the approach to managing benzodiazepine withdrawal in other provinces.

After the formal approval of this new protocol document, the Commission Pharmacologist embarked on a series of inservice programs and individual consultations with treatment staff throughout the province. These staff members were instructed in the nature of any changes to the previous document and the details of the new benzodiazepine withdrawal protocol.

General Activities

Ongoing functions of the Commission Pharmacologist include: acting as a technical and clinical resource person to the staff and other health professionals in the community; acting as the catalyst and resource person working with the Commission's Treatment Standards Committees; making presentations to a wide range of groups as part of the education function (including professionals and students in medicine, pharmacy and nursing); participating in various treatment and other committees regarding patient management (e.g. methadone maintenance committee); supervising the drug analysis service to physicians; maintaining knowledge of the current street drug scene; keeping up to date on new advances and interpretations in the field of addictions and drug abuse; and writing reports and articles on various drug-related matters for both internal use and external publication.

The Street Drug Scene

During 1983 the Commission Pharmacologist was asked to chair a task force which was assigned the mandate of investigating the feasibility of establishing a national drug-monitoring network. Such a network would keep its thumb on the pulse of the street drug scene, and on the abuse of both legal (diverted) and illegal drugs of abuse. This responsibility emanates from earlier activities and reports on the street drug scene in Nova Scotia. The Commission, through its Executive Director and its Pharmacologist, will be able to make an important contribution to the

development of a mechanism for keeping in touch with the nature and extent of drug abuse in Canada.

The street drug scene has continued to show some interesting developments that began around 1982, that is the increased availability of "look-alike" drugs. So far these "look-alike" drugs are stimulants (caffeine, phenylpropanolamine and ephedrine). However, new developments in the larger centres of the United States (such as in California) are showing signs of a new trend towards a wider variety of look-alike preparations being available. That is, drugs are being made to look like a variety of other popular tranquillizers, sleeping pills, and contain varying amounts of these tranquillizers or sleeping pills. We expect them to reach Nova Scotia in due course.

The increased presence of look-alike stimulants in the province during 1983 presented a difficulty to law enforcement and medical personnel, because of the lack of information available about these substances, their effects and legal status. The Commission Pharmacologist arranged for some of these look-alike stimulants to be analyzed and photographed. The results of the analysis, and enlarged photographic prints of these drugs, were made available to various police forces, emergency departments and poison control centres in the province. This information made it possible for those involved to respond more quickly and accurately to emergencies and requests for information on these substances.

Alcohol and cannabis products have continued to be the most preferred drugs of abuse, followed by benzodiazepine tranquillizers, LSD, look-alike stimulants, and other miscellaneous drugs to a lesser extent. Notable features of the street drug scene during 1983 were the general reduction in the availability and use of phencyclidine (PCP) relative to some previous years and the marked increase in availability and use of cocaine at various levels throughout the province. More clients report the use of cocaine than in previous years. It appears to be climbing rapidly as a preferred drug of abuse and, other than for price and legal status, it would be even more prevalent. These trends are likely to continue over the next several years, especially as the economy of the Atlantic Region improves.

The Impact of Changing Patterns of Drug Use

The incidence of multiple drug dependence is increasing yearly. The most common combination is alcohol and one or more of the benzodiazepines (e.g. Valium, Librium, Ativan, etc.), although many other drugs are showing up. Cannabis dependence is also becoming a more frequent part of the picture. These changes in the nature of the drug dependency of our clients have important implications regarding the use of our services. That is, as a patient requires a longer period of stay for drug withdrawal treatment (because of the more complex nature of their drug problems), the number of patients treated in a given period of time is reduced, driving up the cost per patient.

The nature of the drug treatment services required by the public is related to the pattern of prescribing by physicians and the choice of drug(s) used by our clients. The Commission treatment programs must respond adequately to these changes in order to meet the needs of those we serve.

Cape Breton Regional Program

During 1983, the Cape Breton Regional Program maintained its programs of Rehabilitation, Education and Prevention throughout the Island. The year 1983 has been a year of intensive activity in the areas of Rehabilitation and Prevention. Existing programs have been modified to accommodate the special needs of patients, such as a structured therapy component within the Primary Care, Park House and Outpatient Department.

In the area of Education and Prevention, many community-based programs were initiated and serviced. These resulted in direct involvement with inservice training for many hospitals, schools, and community service agencies and volunteers. One of the main focuses of the year was the overwhelming response to Drug Awareness Week throughout the Region by Local Committees.

Emphasis throughout the year has been placed on the enhancement of all programs within the Region. This system has had an impact in all areas of program delivery.

Treatment and Rehabilitation

Primary Care — Detox, Assessment and Treatment Orientation. The Detox Unit has 20 beds, four of which are used for female patients. The length of a patient's stay depends on the drug used. With the introduction of the Benzodiazepine Withdrawal Protocol, more effective service has been extended to other than alcohol dependents.

Highlighted during the year has been the introduction of a Quality Control System in treatment areas. On a bi-weekly basis, the Manager of Treatment Services has instituted the practice of making client review rounds throughout the inpatient programs operating at the Cape Breton Addiction Rehabilitation Centre. The purpose of this practice is threefold:

1. to provide the Manager of Treatment Services with a more personal knowledge of participating clients,

2. to provide an opportunity for consultation between the Manager of Treatment Services and the Staff of the various programs,

3. to provide an improved working awareness of current operational and therapeutic problem areas.

To ensure quality of care, continuity of care and cooperative work relationships among staff, a weekly treatment inventory meeting is held during the time frame between the bi-weekly rounds. Representatives of all departments meet with the Manager of Treatment Services to review current operational and therapeutic problems identified during rounds; to seek appropriate solutions; and to determine departmental responsibilities and delegate tasks. Follow-up on action taken is then done by the Manager of Treatment Services during the second of the bi-weekly rounds.

Aftercare (Outpatient)

This service continues to offer comprehensive, continuous, ongoing care to clients on an individual, family or group therapy basis. Such services as the programs on Treatment Education,

Protective Therapy and the Family Education Series, were greatly utilized throughout the year.

Within this Department, a client review system has been established for the purpose of quality control of service. On a monthly basis, the Manager of Treatment Services meets with each of the three Outpatient Teams to review caseloads, discuss specific cases and/or therapeutic problems, and assess the current linkage functioning between this Department and the various inpatient programs.

Park House

Park House offers a therapy program based on a reality-oriented model, working with the residents through actual living problems as they present themselves.

The program includes group therapy, a goal attainment program, work therapy, A.A./N.A. meetings, individual counselling and a follow-up program. Park House will be offering additional program content for follow-up. This will include a Stress Management Series and an interpersonal relationship development group. Emphasis has been placed on developing better interpersonal relationships by utilizing open discussion meetings on a daily basis.

Rural Satellite Programs

Follow-up programs include counselling, family and community education, and general information sessions. During 1983, rural areas received follow-up programs from the community health workers and the therapists of the Outpatient Services. Programs were offered in North Sydney, Sydney Mines, North of Smokey, Port Hawkesbury, Inverness County, Baddeck, and Whycocomagh, with extensions of services to L'Ardoise and St. Peters.

Local Committees

Our Local (volunteer) Committees continued to meet in 13 communities: Baddeck, Cheticamp, Glace Bay, Inverness, Isle Madame/Louisdale, Louisbourg, New Waterford, North of Smokey, North Sydney, Port Hawkesbury, St. Peters, Sydney and Sydney Mines.

Activities for the year included: Cable T.V. presentations; Peer Education Sponsorship; Poster and Essay Contests; Literature Displays; School Programs; Public Information Meetings; Every Household Literature Distribution; Radio "Spots"; In-service Programs; Film and Slide Presentations, a total of 271 programs and 34,595 audience-person hours.

Student Placement

Students from the Sydney City Hospital (nursing students), Dalhousie School of Social Work (B.S.W. Students) and the Community Studies Program of the College of Cape Breton were placed in the field.

Employee Assistance Programs

The calendar year 1983 saw significant activity take place in terms of Employee Assistance Programs. There were a number of workplaces which used our facilities for the first time. The workplaces are in various stages of formal policy development. The year was one in which the maintenance of existing programs and policies had major emphasis.

During the year there were 28 formal sessions with specific work communities in terms of Employee Assistance Program application and utilization.

A clearer perspective on the Employee Assistance Programs dimension is gained by viewing the number of formal and informal clients. During the year there were approximately 100 clients in this combined category.

Documentation, Evaluation and Research

During the past year 1200 files have been processed within this system. An emphasis has been placed on 'quality control' of documentation procedures and records on a regional level.

The manual system of client registration, and admission/discharge recording has been functioning very efficiently for the past number of years. It allows verification of client identification numbers through a cross-reference system of the admission book, ID roladex and client files.

With the implementation of the Service Delivery Information System, errors are more quickly identified and corrected among records which are submitted on a weekly basis. As well, the number of individuals can be accounted for who registered in more than one region.

Quality of case recording is another important issue in the Cape Breton Region. The existence of a Chart Review Committee allows a routine review of a selection of charts from all treatment facilities. Areas requiring improvement or corrections are identified and the treatment staff members responsible are notified.

Administration and Operations

To complement the work undertaken in Treatment and Rehabilitation, continuing effort was placed upon designing the administration and operations section to serve the needs of clients. A program was maintained of upgrading and redecorating patient and public areas of the facilities.

In the area of fiscal administration, constant attention resulted in the provision of all required services, while staying within budget constraints. Cooperation by all the staff was a contributing factor in meeting this challenge.

North Shore Regional Program

Overall, detoxification admissions are down slightly while first-time admissions are up. Admissions to the Treatment Orientation Program are significantly higher than last year.

Our Outpatient Department offices are functioning about the same as last year in terms of client contacts despite prolonged absences of some Outpatient Department staff. (See Staff and Development).

Recovery House has been functioning since January, 1983. It has been providing service as the region's Residential Rehabilitation Centre.

The Region, as a whole, has received more Drug Awareness Programs and teacher inservices than in past years. In addition, close liaison has been developed with the Pictou Amalgamated School Board, dealing with student referrals and teacher needs.

Treatment and Rehabilitation

Primary Care — Detox, Assessment and Treatment Division

Detox

The projected annual total of admissions to our Detoxification Centre as of December 31, 1983, is 950.

Utilization of services was as follows:

Pictou County	— 46%
Antigonish/Guysborough	— 18%
Cape Breton Island	— 14%
Colchester County	— 12%
Cumberland County	— 8%
Other	— 2%

Treatment Orientation Program

Of all admission to Primary Care, 40 per cent entered the Treatment Orientation Program. This represents a 10 per cent increase over last year.

Approximately 35 per cent of all admissions were using the Primary Care facility for the first time. This is a two per cent increase over last year.

After Care — Outpatient

A total of 1098 patients were seen in our Outpatient Departments. This is consistent with last year's number. However, had we not had some prolonged absences of key staff, the numbers would have been very much increased.

After Care — Inpatient Recovery House

Recovery House will have been operating for one year with its new staff in January, 1984. There have been over 100 admissions from the North Shore Region during that time.

Staff and Development

Peer Supervision meetings were held regularly in an effort to continue to improve staff skills. Two inservices were held on Counselling Techniques and one on Suicide. An additional inservice was held for our secretaries on phone-answering techniques.

Prevention and Community Education

Education System

Some very effective work has begun with the Pictou Amalgamated School Board regarding school policy and procedures for students harmfully involved with drugs.

Peer education programs are beginning to develop in Pictou County and in Antigonish County.

North Shore involvement in Teacher Inservices has increased significantly this past year. This is having a decided impact on developing more enlightened approaches to Drug Education.

Students at St. F.X. University and at Nova Scotia Teachers College continue to benefit from education programs developed by the staff of the North Shore Drug Dependency Program. The continuing involvement of North Shore staff with programming for student nurses of the schools of nursing of the Aberdeen Hospital and St. Martha's Hospital is producing a gradual attitudinal change in the hospital community. Recently treatment staff were asked to dialogue with Pictou County doctors on various aspects of treating the drug dependency person when in withdrawal.

Industrial Program

In the work community, drug awareness programs were presented at Michelin Tire Co. of Canada (Granton plant); to military personnel at Camp Debert, to Supervisors and guards at Springhill Institution and Dorchester Penitentiary; and to Captains and Supervisors of CN Marine. Supervisors of RCMP all have expressed gains in knowledge as a result of drug awareness programs presented by the staff of the North Shore Drug Dependency Program.

Community and Local Committees

Speaking engagements by staff to service clubs, to Home and School associations and other community groups continue to set a tone of accessibility to the North Shore Program. The overall relationship of mutual respect is being fostered between our Program and self-help groups in the region at every opportunity. In the community in general, besides Drug Awareness Week events, there have been some noteworthy programs. Two eight-week drug awareness courses have been organized for parents. These courses have proven very popular and open up the possibility of more programs concentrating on the family. Awareness programs are being set up for students and their parents. These will begin in the New Year.

In 1983 the following Local Committees continued to function: Antigonish, New Glasgow, Springhill and Truro.

In addition, a new Local Committee was begun in the Town of Pictou.

Drug Awareness Week

1. **Pictou** — An eight-week Drug Awareness Course for families was offered, to start October 5th and end during Drug Awareness Week, November 23, 1983. Thirty participants took the course and received a Certificate of Participation at the conclusion of the course. The course evaluation was positive and revealed that many participants wanted more in-depth treatment of intervention strategies. The Parents Program being developed by Commission staff is a logical extension of the Drug Awareness Course.

   A computerized Drug Awareness Program (CDAP) was used in West Pictou High School and in Zellers store in the Aberdeen Mall. The store manager reported that a good deal of interest was aroused in shoppers by the program. Literature on Drug Topics moved very well in the Mall setting.

   The Frank H. MacDonald Elementary School, East Pictou, used the two videotapes which had been developed two years ago in the North Shore.

2. **Antigonish** — In Antigonish, staff and Local Committee members, in cooperation with the St. F.X. Committee on Responsible Consumption, presented a five-night program during the week. They used five videotapes on Drug Topics prepared in the North Shore Region as a basis for discussion.

   Computerized Drug Awareness Program 1 was used in the Antigonish Regional High and in Antigonish East.

   Radio — Kevin MacPherson was guest on the Open Line Program on CJFX during Drug Awareness Week.

3. **Truro**— Local Committee members advertised and they used the five videotapes on the local Cablevision Station.

4. Computerized Drug Awareness Program 1 was used in Springhill and Amherst schools. It was also used in a Drug Educational Program for elementary students in Oxford, Cumberland County.

Metropolitan/Lunenburg Regional Program

During the course of 1983, program delivery, both to the clientele and to the larger community, continued to have an ongoing focus and priority in the region. The programs offered were many and diversified — from the structured inpatient Treatment Orientation Program (5-Day) and the Residential Rehabilitation Program (28-Day) through specialized time-limited, educational treatment programs to agency inservice workshops and a variety of public information programs.

Community Outreach Programs

A pilot project which was initiated at Halifax West High School was expanded to the County and located, specifically, at Cole Harbour High School. This is a three-phase project involving peer education, parent education and referral. One Community Health Worker has been assigned to both schools. He works with young people who are harmfully involved in alcohol/drugs. Details on how the project is doing overall is covered elsewhere in this Annual Report.

Inservice Programs

A one-day inservice on drug dependency and treatment was presented by staff to 68 Community Health Nurses from the Atlantic-Lunenburg-Queens Health Units.

The Metro Drug Dependency Centre staff and the Atlantic Child Guidance staff met to present their respective inservice programs.

Public Information Programs

The requests for programs are many and varied and staff are hard-pressed to keep up with the demand. In excess of 2000 hours have been spent in schools, professional agencies, service clubs, volunteer, youth, community and general business groups.

Some Local Committee members and A.A. and Al Anon members have assisted in the delivery of programs, a cooperative effort that is very much appreciated.

Regional Advisory Board Programs and Activities

The Education Committee investigated several program possibilities during the year, including Safe Graduation, the Girl Guides Resource Program, Drinking and Driving, and R.O.A.D.D. (Responsible Organization Against Drunk Drivers).

The Committee was responsible for the development of a Girl Guide Information and Resource Kit which was put together in conjunction with the Provincial Girl Guide Office. This program was presented by staff at the Annual Guide Leaders convention this year. It is hoped that it will become an integral part of the Provincial Girl Guide resources.

The Treatment Standards Committee was very active during the year reviewing material and assisting in the preparation of a protocol and a set of guidelines for Withdrawal from Benzodiazepines (minor tranquillizers) which included a Client Profile Form.

Local Committees

The Bridgewater, Eastern Shore, and East Hants Local Committees continue to be very active, with the schools being their focal point. The volunteer members assist with developing information presentations for students, purchasing materials (e.g. Hole in the Fence) and films, and in distributing printed materials.

The Bridgewater Local Committee prepared a brochure outlining the Audio-Visual resources available to teachers, youth leaders, the clergy and adult groups in Lunenburg County.

Eastern Shore

The plans for the future referred to in the 1981 Annual Report for the development of Aftercare outpatient services along the Eastern Shore are about to become a reality. Late in this calendar year, approval was received for such a program which would include the services of two Community Health Workers and a Clinical Therapist who are to be located in the Eastern Shore Memorial and Twin Oaks Hospitals. As well, Primary Care Detox beds located within the two hospitals are actively being considered.

Halifax Clinic

The Metro Drug Dependency Clinic in Halifax has relocated to the Lord Nelson Arcade effective May 30, 1983. The mailing address is Suite 316, 3rd Floor, Lord Nelson Building, 5675 Spring Garden Road, Halifax, N.S. B3J 1H1. The phone number, 424-5920, remains the same.

Valley Health Services Association Program

Our two units, the Miller Detox, with five beds, and the Crosbie House educational program, with 10 beds, have continued to operate at full capacity. During the past year, the Region has seen the development of a five-bed detoxification program at Soldier's Memorial Hospital in Middleton. Nursing personnel received a one-week orientation program at the Miller Detox. Our Community Health Worker for Annapolis County, who has an office in Soldier's Memorial, is heavily involved with the program, which is also getting support from self-help groups in the area.

Family Program

We have developed a program for families and "significant others." It consists of a two-day family seminar held each month at the Miller Hospital and conducted by the Family Therapist. Up to 25 persons can attend each seminar; sleeping accommodations are provided for persons residing outside our catchment area. We have been greatly encouraged by the number of teenagers attending. The program has also attracted professionals working in helping agencies, as well as supervisors involved in Employee Assistance Programs.

Volunteer Program

Our After Care program is still heavily weighted to volunteers, who are referred to as Contact Persons. At present, some 300 individuals are involved in the follow-up component of our program. For reasons of convenience and availability to the Contact Persons, nine area meetings are held quarterly throughout the region. These meetings are intended to provide inspiration, education and mutual support. They take the form of the showing of films used in the treatment program. Films are followed by a discussion, an airing of problems, techniques, etc.

Ex-patient Group

This group continues to be very active, averaging 30 people at their weekly meetings. Some of them are actively involved in our follow-up program as Contact Persons. Each year, in early autumn, the ex-patients host a picnic on the grounds of the Miller Hospital. This year, approximately 400 attended this significant social and therapeutic event.

Education and Prevention

The number of programs delivered has doubled over last year. An increase has been seen on all levels within the school system: providing programs for teachers, for teachers and students, and for parent-teacher associations. Another peer drug education program was implemented in Kings County in cooperation with Central Service Staff.

During the year, three educational programs were offered at the Kings County Correctional Centre. Each program consisted of nine two-hour sessions. In reviewing the outcome of these programs, statistics show that 12 of the 36 inmates involved have continued treatment after being released.

A two-day workshop on the role of spirituality in the recovery process was held at Camp Hilles in West Paradise. Twenty-two people working in the field of addictions participated in the workshop.

Western Regional Program

Treatment and Rehabilitation Program

During 1983, the Western Region continued to work closely with the Addiction Treatment Unit at the Yarmouth Regional Health Centre. Delivery of After Care services to clients from Digby, Yarmouth, Shelburne and Queens counties continued at a high level with individual, family and group therapy provided in all four counties.

Client distribution by county continued to reflect a distribution of services proportionate to the county's population base, but the ratio of first admissions to second and subsequent admissions has dropped as was expected.

Now in its sixth year, the high ratio of first admissions experienced in the first few years has leveled off as shown in the following table, but it would still appear to be higher than in other regions.

The reasons for this could be several, including the admission priority given to first-time clients for a very limited number of detox beds. There are only six beds available for detox and treatment orientation program clients in the Addictions Treatment Unit, for all four counties. Another possible contributing factor is that fewer clients may require second and subsequent treatment interventions.

In order to provide a clearer picture of this situation, and the obvious implications for better definition of the services re-

quired, a two-year Treatment Outcome Study will begin in 1984, and will document client recovery and progress over a two-year period. Since all first admission clients in 1984 will be included in this study, it is anticipated that the study will not be completed until 1987-88.

Number of Clients by County by Old vs New Clients Western Outpatient Services

	1st Adm.	2nd or More Adms.	Total
Digby	54	59	113
Yarmouth	61	75	136
Shelburne	25	29	54
Queens	29	33	62
Western	169	196	365

Prevention and Community Education

The year 1983 was one of transition in the Western Region. The retirement of our Field Representative gave staff, Western's seven local committees and the Western Regional Board time to applaud almost five years of developing community-based awareness programs; and now we look to the future, as we focus more directly on programs for youth.

By the end of 1983, the new Field Representative was well aware of the multi-faceted challenge involved and was moving quickly and effectively in this direction.

During the period of time when this Region was between Field Reps, Local Committee reps were invited to join part of the regular Regional Board Meetings in order to provide input and ideas regarding program plans in their home communities, and to "brainstorm" with staff and other local committee members. Because of the positive response, it has resulted in this expanded forum becoming a regular part of Western Regional Board meetings, to be continued into 1984.

CLIENT STATISTICS

Table 1
Selected Client Characteristics by Region*

Characteristics	Cape Breton %	North Shore %	Metropolitan/ Lunenburg %	Valley %	Western %
Age					
Under 14	0.1	0.1	0.1	0.4	—
14-18	2.1	5.7	2.1	0.6	5.9
19-24	9.5	10.3	8.7	9.7	17.8
25-34	23.5	21.7	28.2	19.8	28.9
35-44	25.1	25.5	27.2	26.0	25.2
45-54	20.3	19.6	19.6	23.1	11.5
55-64	12.8	11.2	10.2	13.9	6.5
65¢	6.6	5.7	3.8	6.5	4.1
No age given	—	0.2	0.1	—	0.2
Sex					
Male	87.2	84.0	83.0	84.9	77.7
Female	12.8	16.0	17.0	15.1	22.3
Labour Force Participation					
Employed full-time	30.4	30.1	35.2	39.3	27.6
Employed part-time	4.1	5.2	4.2	4.6	9.5
Employed seasonally	4.0	2.4	1.7	6.5	17.6
Homemaker	4.1	5.0	4.6	5.0	6.7
Student	2.4	5.1	2.4	0.6	6.9
Disabled	9.6	5.3	4.5	5.3	3.0
Retired	9.0	5.7	4.9	9.5	3.7
Unemployed	31.9	39.8	35.7	29.2	24.5
Not recorded	4.4	1.4	6.7	—	0.4

*Total Number of Clients: 1152 — Cape Breton; 1326 — North Shore; 1721 — Metro/Lunenburg; 476 — Valley; 461 — Western.

Table 2
Client's County of Residence by Region

County	Cape Breton %	North Shore %	Metropolitan/ Lunenburg %	Valley %	Western %
Annapolis	—	1	4	73	7
Antigonish	11	157	13	—	—
Cape Breton	860	20	26	3	—
Colchester	4	231	22	4	3
Cumberland	—	169	7	—	—
Digby	—	1	7	15	136
Guysborough	3	53	6	—	—
Halifax	3	49	1354	37	4
Hants	2	13	48	98	—
Inverness	125	76	3	1	—
Kings	4	2	8	201	2
Lunenburg	2	—	167	14	1
Pictou	2	501	13	7	—
Queens	—	—	10	2	85
Richmond	44	23	1	—	—
Shelburne	2	1	5	5	59
Victoria	69	6	—	—	—
Yarmouth	—	3	8	12	162
Out-of-province	3	17	12	3	2
Not recorded	5	—	2	—	—
TOTAL	1139	1323	1716	475	461

Table 3
Detox Utilization: Number of Individuals and Discharges by Sex
Cape Breton

No. of Detox Discharges in 1983	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	483	78.8	483	59.4	60	77.9	60	55.1	543	78.7	543	58.8
2	84	13.7	168	20.6	9	11.7	18	16.5	93	13.5	186	20.2
3	29	4.7	87	10.7	4	5.2	12	11.0	33	4.8	99	10.7
4 or more	17	2.8	76	9.3	4	5.2	19	17.4	21	3.0	95	10.3
TOTAL	613	100.0	814	100.0	77	100.0	109	100.0	690	100.0	923	100.0

Table 4
Number of Clients in Inpatient Treatment Programs, by Sex
Cape Breton

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	360	50	410
Daypatient, with detox	5	2	7
Inpatient, no detox	8	—	8
Daypatient, no detox	72	9	81
Residential Rehabilitation (28-day program)			
Inpatient	81	12	93
Park House	27	7	34
Talbot House	40	—	40

1. Since clients may attend more than one program, the sum of columns is *not* equal to the number of clients in all treatment programs tabulated.

Table 5
Number of Clients by Sex and Total Contacts, Outpatient Services Cape Breton

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central OPD	372	64	436	2125
Port Hawkesbury	50	12	62	722
Inverness	44	5	49	790
Glace Bay	89	9	98	467
Sydney	52	30	82	496
Northside/ Victoria	103	26	129	1517

Table 6
Detox Utilization: Number of Individuals and Discharges by Sex
North Shore

No. of Detox Discharges in 1983	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	415	76.3	415	56.5	66	79.5	66	60.6	481	76.7	481	57.0
2	87	16.0	174	23.7	14	16.9	28	25.7	101	16.1	202	23.9
3	26	4.8	78	10.6	1	1.2	3	2.8	27	4.3	81	9.6
4 or more	16	2.9	68	9.3	2	2.4	12	11.0	18	2.9	80	9.5
TOTAL	544	100.0	735	100.0	83	100.0	109	100.0	627	100.0	844	100.0

Table 7
Number of Clients in Inpatient Treatment Programs, by Sex
North Shore

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	204	33	237
Daypatient, with detox	7	—	7
Inpatient, no detox	49	8	57
Daypatient, no detox	35	13	48
Residential Rehabilitation (Recovery House)			
Inpatient	124	9	133
Daypatient	1	—	1

Table 8
Number of Clients by Sex and Total Contacts, Outpatient Services
North Shore

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Pictou/ New Glasgow	392	77	469	5960
Amherst	137	21	158	1751
Antigonish	126	25	151	1279
Truro	227	67	294	2634

Table 9
Detox Utilization: Number of Individuals and Discharges by Sex
Metropolitan/Lunenburg

No. of Detox Discharges in 1983	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	523	72.0	523	49.7	101	84.2	101	68.7	624	73.8	624	52.0
2	128	17.7	256	24.3	13	10.8	26	17.7	141	16.7	282	23.4
3	45	6.2	135	12.8	4	3.3	12	8.2	49	5.8	147	12.3
4 or more	30	4.1	139	13.2	2	1.7	8	5.4	32	3.8	147	12.3
TOTAL	726	100.0	1053	100.0	120	100.0	147	100.0	846	100.0	1200	100.0

Table 10
Number of Clients in Inpatient Treatment Programs, by Sex
Metropolitan/Lunenburg

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	82	17	99
Daypatient, with detox	—	—	—
Inpatient, no detox	225	44	269
Daypatient, no detox	41	9	50
Residential Rehabilitation (28-day program)			
Inpatient	82	25	107
Daypatient	8	2	10

Table 11
Number of Clients by Sex and Total Contacts, Outpatient Services
Metropolitan/Lunenburg

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Dartmouth	322	166	488	2655
Halifax	586	112	698	7528
Cobequid	89	21	110	925
Bridgewater	144	28	172	1813

Table 12
Detox Utilization: Number of Individuals and Discharges by Sex
Miller Hospital, Valley

No. of Detox Discharges in 1983	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	181	81.2	181	64.4	19	90.5	19	79.2	200	82.0	200	65.6
2	30	13.5	60	21.4	1	4.8	2	8.3	31	12.7	62	20.3
3	8	3.6	24	8.5	1	4.8	3	12.5	9	3.7	27	8.9
4 or more	4	1.8	16	5.7	—	—	—	—	4	1.6	16	5.3
TOTAL	223	100.0	281	100.0	21	100.0	24	100.0	244	100.0	305	100.0

Table 13
Number of Clients by Sex, Crosbie House
Valley

Treatment Program	Males	Females	Total
Crosbie House	121	22	143

Table 14
Number of Clients by Sex and Total Contacts, Outpatient Services
Valley

Outpatient Services	Number of Clients			Total Contacts
	Males	Females	Total	
Kentville	215	45	260	1449
Middleton	61	11	72	2478
Windsor	69	10	79	1624

Table 15
Detox Utilization: Number of Individuals and Discharges by Sex
Western

No. of Detox Discharges in 1983	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	129	87.2	129	76.8	22	75.9	22	59.5	151	85.3	151	73.7
2	18	12.2	36	21.4	6	20.7	12	32.4	24	13.6	48	23.4
3	1	0.7	3	1.8	1	3.5	3	8.1	2	1.1	6	2.9
4 or more	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	148	100.0	168	100.0	29	100.0	37	100.0	177	100.0	205	100.0

Table 16
Number of Clients by Sex, Treatment Orientation Program
Western

Treatment Program	Males	Females	Total
Inpatient, with detox	65	20	85
Inpatient, no detox	69	4	73
Daypatient, no detox	3	—	3

Table 17
Number of Clients by Sex and Total Contacts, Outpatient Services
Western

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Yarmouth	114	33	147	898
Queens Co.	57	38	95	1342
Digby	124	29	153	1933
Shelburne	61	11	72	875